

LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

1014

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 2/21/03

Instructions

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (866) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

Rec'd
4/13/03
LHO 31

10280176

1. NAME Louisiana Gary Jr. ME
First Middle Last

2. BUSINESSPHONE 225 338 0745
Area Code and Phone Number

3. BUSINESS ADDRESS 251 Florida St., S314 Baton Rouge, LA 70801
Street and No. City State Zip

MAILING ADDRESS P.O. Box 4151 Baton Rouge, LA 70821
Street and No. City State Zip

4. EMPLOYER Louisiana Association for Self Insured Employers

5. EMPLOYER'S ADDRESS 251 Florida St., S314, Baton Rouge, LA 70801
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Louisiana Association of Self Insured Employers
Address 251 Florida St. S314, Baton Rouge, LA 70801

Business or purpose Professional Association for Businesses that
Self Insure their Workers' Comp.

Does this person pay you? Yes

If No, who pays you? _____

HAND DELIVERED

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2. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

3. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

4. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.


Signature of Lobbyist

